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## APPLICANTS

Suman Preet Singh Khanuja, Lucknow, INDIA;

Shilpi Paul, Lucknow, INDIA;

Ajit Kumar Shasany, Lucknow, INDIA; Anil Kumar Gupta, Lucknow, INDIA;

Mahendra Pandurang Darokar, Lucknow, INDIA;

Madan Mohan Gupta, Lucknow, INDIA;

Ram Kishor Verma, Lucknow, INDIA;

Govind Ram, Lucknow, INDIA;

Anuraddha Kumar, Lucknow, INDIA;

Raj Kishori Lal, Lucknow, INDIA;

Ravi Prakash Bansal, Lucknow, INDIA;

Anil Kumar Singh, Lucknow, INDIA;

Rajendra Singh Bhakuni, Lucknow, INDIA;

Sudeep Tandon, Lucknow, INDIA;

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature WCH Hras	Initials		

## ADDRESS

00140

LADAS &amp; PARRY

26 WEST 61ST STREET

NEW YORK, NY

10023

TITLE

High artemisinin yielding plant genotype 'CIM-Arogya'

<b>FILING FEE</b>  <b>RECEIVED</b> <b>680</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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